

NANCY FARMER, MISSOURI STATE TREASURER MISSOURI FIRST LINKED DEPOSIT PROGRAM STUDENT LOAN DEPOSIT APPLICATION

Lending Institution Name:			
City:	Treasurer's Assign	ed No	
Please indicate TYPE of deposit	::		
Renewal Deposit	Date of Roll	Date of Rollover	
New Deposit	Desired Fun		
•	*	e loan application, please indicate the d within each of the following income	
Income Amount	Number of Applicants	Total \$ Amount of Loans	
Under \$15,000 \$15,001 - \$25,000 \$24,001 - \$40,000		-\$	
\$40,001 - \$60,000 Over \$60,000			
TOTALS		\$	
Name & Phone Number of Officers t	o contact on MISSOURI FIRST Linke	ed Deposit Program:	
	<u></u>	Area Code ()	
Deposit Program for Student Loan I below usual rates applicable to star reduced loan rated specified by the deposit rate on any portion of depo	Program. In exchange for a deposit of the deposits, I agree to make correspon State Treasurer at the time the deposits sits received for any period of time fo	s for loans under the MISSOURI FIRST Linked f state funds at a deposit rate up to three percent anding loans under the program at or below the osit is placed. I further agree to pay the usual r which there is no corresponding linked deposit esponding loans such as origination, service, or	
	For Lending Institution:		
		(Type or Print Name of Signatory)	
		(Signature)	
Attest:		(Title)	
(Cashier)		(Date)	

Americans with Disabilities Act (ADA) Notice

No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs or activities of the Treasurer of Missouri, or be subjected to discrimination by the Treasurer of Missouri. Any applicant for the Missouri Linked Deposit program who needs special accommodations (e.g. documents prepared in an alternative format or special telecommunications assistance) should request such accommodations from the Treasurer. For more information about such services, contact the Investments Department at 573-751-8530

94